

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>138</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>166</u>
Town of <u>Miami</u>		Local Registrar No. _____	
or _____			
City of _____		No. <u>723-A Indian Ave</u> St. _____ Ward) _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Bessie Elizabeth Butler</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
		5. No., in order of birth _____	7. Date of birth <u>March 9, 1923</u> (Month, day, year)
8. FATHER Full name <u>Alfred Harry Butler</u>		14. MOTHER Full maiden name <u>Leta May New</u>	
9. Residence <u>Miami, Arizona</u> (Usual place of abode) If nonresident, give place and State		15. Residence <u>Miami, Arizona</u> (Usual place of abode) If nonresident, give place and State	
10. Color or race <u>white</u>	11. Age at last birthday <u>22</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>17</u> (Years)
12. Birthplace (city or place) <u>Raton, New Mexico</u> (State or country)		18. Birthplace (city or place) <u>Douglas, Arizona</u> (State or country)	
13. Occupation <u>acetylene welder</u> Nature of Industry <u>Copper Concentration</u>		19. Occupation <u>Housewife</u> Nature of Industry _____	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>11:55 a.m.</u> on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>J. J. Miller</u> (Physician or midwife)	
		Address <u>Miami, Arizona</u>	
Given name added from a supplemental report _____ (Month, day, year)		Filed <u>Mich 21</u> , 19 <u>23</u> <u>B. E. Dine</u> Local Registrar.	
Registrar. _____		Filed <u>4-5</u> , 19 <u>23</u> <u>B. E. Dine</u> County Registrar.	
229-309-356			